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CONFIRMATION NO. 5596

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| SERIAL NUMBER 10/711,597 | FILING OR 371(c) DATE 09/28/2004 RULE | CLASS 005 | GROUP ART UNIT 3673 | ATTORNEY DOCKET NO. SK1001R | |
| APPLICANTS Susan Kirkwood, Wooster, OH; ** CONTINUING DATA ***** This appln claims benefit of 60/575,065 05/27/2004 <i>O.K.R.S.</i> ** FOREIGN APPLICATIONS ***** <i>none R.S.</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/08/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Robert L. Santa R.G.S.</i> Examiner's Signature Initials | | STATE OR COUNTRY OH | SHEETS DRAWING 8 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 3 |
| ADDRESS 7733 | | | | | |
| TITLE MOBILITY ASSISTANCE DEVICE | | | | | |
| FILING FEE RECEIVED 430 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |